

Date of application: ___/___/___



1300 Britt SE
Albuquerque, NM 87123
Phone (505) 823-1320
Fax (505) 823-1560

APPLICATION FOR EMPLOYMENT

" An Equal Opportunity Employer "

Name (Last)	(First)	(Full Middle Name)	Social Security Number
Current Address	City	State	Zip Code
What position are you applying for?			Desired salary range?
Date available for employment?		Phone Number ()	
Are you willing to travel if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any restrictions on hours, weekends, or overtime? If yes, explain.		
Can you, after employment, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Security Data

Have you ever been convicted of a felony? Yes No
 Convictions will not automatically disqualify job candidates. The seriousness of the crime and date of conviction will be considered.
 If YES, give date, place, offense and disposition for each conviction. (Omit minor traffic violations.)

Have you ever been granted a security clearance? Yes No If so, by whom? _____
 Date granted _____

Have you ever been denied a security clearance? Yes No If so, by whom? _____

Performance of Job Functions

Are you able to perform all the functions of the job for which you are applying with or without accommodation?
 Yes, without accommodation Yes, with accommodation No

If you indicated you can perform all the functions with an accommodation, please explain how you would perform the tasks and with what accommodation.

References

Please give three professional references who know your work.

NAME	ADDRESS (COMPLETE)	PHONE #	YEARS KNOWN
1.			
2.			
3.			

Skills/and Qualifications

___ Word ___ Excel ___ MS Office ___ Power Point ___ Internet ___ Other _____
 Summarize any special training, skills, license and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

SIGNATURE OF APPLICANT _____ DATE _____

*We are an Equal Opportunity Employer. We do not discriminate on the basis of race, age, color, sex, national origin or disability of birth.

Education

Begin with most advanced schooling. Use additional pages if necessary.						
NAME AND TYPE OF SCHOOL OR COLLEGE	LOCATION	From Mo. Yr.	To Mo. Yr.	DEGREE AND MAJOR FIELD	AVERAGE GRADE	
1.						
2.						
3.						

Employment History starting with your most recent employer – Provide the following information.

Name of Current Employer			Telephone		
Date Started	Beginning Salary	Per	No. Hours per week		
Date Ended	Final Salary	Per	Your Title		
Supervisor's Name _____			Describe Work Performed _____		
Reason for Leaving				May we contact employer?	

Employer			Telephone		
Date Started	Beginning Salary	Per	No. Hours per week		
Date Ended	Final Salary	Per	Your Title		
Supervisor's Name _____			Describe Work Performed _____		
Reason for Leaving				May we contact employer?	

Employer			Telephone		
Date Started	Beginning Salary	Per	No. Hours per week		
Date Ended	Final Salary	Per	Your Title		
Supervisor's Name _____			Describe Work Performed _____		
Reason for Leaving				May we contact employer?	

Additional Data

Use a separate page for additional data that will assist in evaluating your capabilities. This data may include a transcript of academic work, typing speed, shorthand speed, business machines used, computers used, computer programming experience, organizations, licenses, languages, honors, awards, patents, and publications. Reproduce this page if required or attach a personal resume.

Application Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representative, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

Signature of Applicant _____ Date ____/____/____

RELEASE AUTHORIZATION

In connection with my application for employment with Applied Technology Associates (ATA), I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you may be requesting information and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with ADA.

I voluntarily and knowingly authorize any present or past employer or supervisor; college or university or other institution of learning; administrator; law enforcement agency, state agency, federal agency; finance bureau/office; credit bureau; collection agency; private business; military branch or the national Personnel Records Center; personal reference; and/or other person to give records or information they may have concerning my worker's compensation claims, criminal history, motor vehicle history, earning history, credit history, health, character, and employment records of any other information requested to ATA. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. I understand that periodic updates of any of the above may be checked as long as I am employed by ATA. Any substantive omission of pertinent information might be grounds for immediate dismissal.

This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

Any information or questions should be directed to the following address:

Signature: _____ Today's Date: _____

The following must be filled out completely for employment to be considered (Please print)

Last Name First Name Middle Initial

Address

City State Zip

_____-_____-_____
Social Security No. Driver's License Number State Driver's License Issue date / /
Date of Birth